## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 





FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A95000000161

HOPS OF FLORIDA MALL, LTD.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 14 AM 9: 42



Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.
C/O HOPS GRILL & BAR, INC.	C/O HOPS GRILL & BAR, INC.	A1177	02/01/1995	\$990.00
3030 N. ROCKY POINT DR. WEST, SUITE 650 TAMPA FL 33607	3030 N. ROCKY POINT DR. WEST. SUITE 650 TAMPA FL 33607		38. Date of Last Report	
177777 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Trimeri Fa Oyogi		01/09/1997	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
			FL	\$990.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		59-3294660	Not Applicable
	<u> </u>		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country	8. Make check payable to: Dept. c	Fee Required  If State (See reverse side for fee Information
		Crost Co.	Or mano oncor payable to. Dopt. C	, out 1000 totaled also follow life interior
9. Name and Address of Current (	Registered Agent		10. If changed, new Register	ed Agent/Office
ENWIED WHITE CHIEN ET AL		Name		_
Fowler, white, gillen, et al 501 E. Kennedy Blyd., suite 1700		Street Address (P.O. Box Number Is Not Acceptable)		
TAMPA FL 33602		Suite, Apt. #, etc.		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City		Zip Code
				FL   FL SSSS
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	gistered agent, or both, in the State of Flor			the State of Florida, submits this statement
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Flor of section 620.192, Florida Statutes.  S A CORPORATION, L	ida. Such change wa	DATE  RTNERSHIP OR OTHE	the State of Florida, submits this statement reby accept the appointment of registered
for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I  MUST	ngistered agent, or both, in the State of Flor of section 620.192, Florida Statutes.  S A CORPORATION, L BE REGISTERED AN	ida Such change wa IMITED PA D ACTIVE V	DATE STATE  DATE  THE SHIP OR OTHE  WITH THIS OFFICE,	the State of Florida, submits this statement reby accept the appointment of registered ER BUSINESS ENTITY
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for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I  MUST  11. Name(s) of General Partner(s)	S A CORPORATION, L BE REGISTERED AN  Address of Each Genera  (Do NOT Use Post Office Bo	IMITED PAD ACTIVE VIPartner x Numbers)	DATE RTNERSHIP OR OTHE WITH THIS OFFICE.  b. City, State & Zip Code  TAMPA FL 33607	the State of Florida, submits this statement reby accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/ Document Number  P97000009985
for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I  MUST  11. Name(s) of General Partner(s)	S A CORPORATION, L BE REGISTERED AN  Address of Each Genera  (Do NOT Use Post Office Bo	IMITED PAD ACTIVE VIPartner x Numbers)	DATE RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code  TAMPA FL 33607	the State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY  11c. Registration/Document Number  P97000009985
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for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I  MUST  11. Name(s) of General Partner(s)	S A CORPORATION, L BE REGISTERED AN  Address of Each Genera  (Do NOT Use Post Office Bo	IMITED PAD ACTIVE VIPartner x Numbers)	DATE RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code  TAMPA FL 33607	the State of Florida, submits this statement by accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/ Document Number  P97000009985
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for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I  MUST  11. Name(s) of General Partner(s)	S A CORPORATION, L BE REGISTERED AN  Address of Each Genera  (Do NOT Use Post Office Bo	IMITED PAD ACTIVE VIPartner x Numbers)	DATE RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code  TAMPA FL 33607  SIDDO2 -01/21 ******	####\$52.50  ####\$52.50  ####\$52.50
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for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I MUST  11. Name(s) of General Partner(s)  HOPS GRILL & BAR, INC.  Note: General partners MAY NOT  12. I do hereby certify that the information supplied with this annual report is true and accurate and that my page.	S A CORPORATION, L BE REGISTERED AN  11a. Address of Each Genera  (Do NOT Use Post Office Bo  3030 N. ROCKY POINT D  be changed on this form  shiling is voluntarily furnished and does no section 119 07(3)(k) in the event that the intertaction shall have use a me legal effects as	IMITED PAD ACTIVE NI Partner x Numbers)  1; an amendate qualify for the exemplormation supplied is if made under oath. I	DATE RTNERSHIP OR OTHE WITH THIS OFFICE. b. City, State & Zip Code  TAMPA FL 33607  SIDULIDE	the State of Florida, submits this statement reby accept the appointment of registered  ER BUSINESS ENTITY  11c. Registration/ Document Number  P97000009985  1730090009985  17300900009985